

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10684446 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5	1					
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TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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